

Independent Resolutions Inc.

An Independent Review Organization

Phone Number:
(682) 238-4977

835 E Lamar Blvd. 394
Arlington, TX 76011
Email: independentresolutions@irosolutions.com

Fax Number:
(817) 385-9610

Notice of Independent Review Decision

Case Number:

Date of Notice: 10/13/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Psychology

Description of the service or services in dispute:

10 sessions of chronic pain management

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. The patient reports that a female had been x and as she helped to detain her, the x slipped and fell on her and broke her ankle. Treatment to date includes ankle surgery, physical therapy, spinal cord stimulator trial in xxxx that did not help, injections and medication management. BDI is 49 and BAI is 32. Progress summary dated 06/10/15 indicates that the patient has completed 4 sessions of individual psychotherapy and is recommended for a chronic pain management program. The patient was noted making minimal progress. Functional capacity evaluation dated 07/16/15 indicates that she is not able to be classified within a physical demand category. Office visit note dated 08/28/15 indicates that the patient complains of lower extremity pain rated as 4-6/10. Diagnoses are foot pain, RSD lower extremity, depression and pain chronic syndrome. Initial request for 10 sessions of chronic pain management was non-certified on 07/29/15 noting that negative predictor to success does not appear to be addressed. That is, "if a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period." Another concern is the impression she made during her functional capacity evaluation. The reviewer states, "throughout the evaluation, she demonstrated ease of movement when taking her belongings from location to location. She exhibited maximum effort through most of her evaluation. It appeared throughout some of the test, may have exaggerated her dependency on her crutch and inability without it." Appeal letter states that the patient was unable to perform prolonged standing, climbing, walking and bearing weight. The patient's required PDL is heavy. The denial was upheld on appeal dated 08/28/15 noting that there is no reference as to what medications the patient is taking, nor was there any evidence that she had become dependent on same. There is no distinct evidence presented that she had marked social withdrawal, or that she had become overly reliant on others for activities of daily living. The injury is from. Guidelines state, "if a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries on. The Official Disability Guidelines generally do not recommend chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The patient's current medication regimen is not documented. There is no comprehensive assessment of recent treatment completed to date or the patient's response thereto submitted for review. The submitted functional capacity evaluation indicates that she is not able to be classified within a physical demand category, and therefore, it is unlikely that she will achieve a heavy PDL as required for return to work. As such, it is the opinion of the reviewer that the request for 10 sessions of chronic pain management is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)